



07-23-04

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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>          |  | Docket No. (Optional)<br>47506 (47843) |  |
| In re Application of <b>Marchionni et al.</b>                        |  |  |  |
| Application Number<br><b>09/756,481</b>                              |  | Filed<br><b>January 8, 2001</b>        |  |
| For: <b>METHODS FOR TREATING NEUROLOGICAL INJURIES AND DISORDERS</b> |  |  |  |
| Art Unit <b>1647</b>   |  | Examiner <b>Stephen Gucker</b>         |  |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |  |    |        |
|--|----|--------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$ |        |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$ |        |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | 950.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$ |        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$ |        |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 475.00

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number \_\_\_\_\_

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 40,024

July 21, 2004  
Date

(617) 439-4444  
Telephone Number

Signature

Jeffrey D. Hsi  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

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475.00 OP

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV438973979US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 21, 2004

Signature: (Maria Reen)